



Employee Internet Access Agreement Form

Agency Name					Agency PON		
Please Print Clearly	Agency	Department	Division				
Agency Address							
Address		City		State	Zip Code		
Applicant Network IP Address (This can be obtained from applicants Agency Network Administrator)							
Last	First	MI	Phone				
Applicant Name (print):							
INTERNET USE POLICY -- CONSENT FORM							
I have read and understand the Internet Use Policy for ADOA. I agree to comply with all terms and conditions of this policy. To review the policy, go to the Information Security Services WEB Site: www.security.state.az.us When completed FAX to (602) 542-0095							
I understand and agree that all network and information systems activity conducted with state/agency resources, is the property of the ADOA and the State of Arizona.							
I agree that ADOA as a condition of granting me Internet access and use has the right to monitor, log and archive all network activity, content and electronic communication, whether related to State business or personal in nature, including E-mail, temporary internet files, or cache files. All electronic communications, business or personal, are subject to review by ADOA at any time, and I understand that such information is backed-up, stored and may be accessible even after I have attempted to delete the information. I have no expectation of privacy in these electronic communications, and understand that monthly Internet usage reports are furnished to managers. These reports include a list of sites visited by each user and the length of time spent at these sites. I further understand and agree that if monitoring, logging and archiving of State business or personal electronic communications discloses any activity that is contrary to ADOA's Internet Use Policy, or any other State policy, administrative rule, or State or federal statute, the information obtained may be used in disciplinary action against me, and may be furnished to law enforcement agencies for criminal prosecution.							
My signature below confirms that I accept the terms of this agreement.							
Applicant Signature				Date:			
Agency Authorizing Manager		Print Name		Phone No.:			
Agency Authorizing Manager		Signature		Date:			
Type(s) of Internet Access: (please check type of access requested)				HOST ON DEMAND	NEW	UPDATE	REMOVE
Email - WEB Mail Accounts – (Not Groupwise)							
Do you want a customized domain name?							
Internet Access							
Other (specify)							
What Operating Platform are you using?		Windows 95	Windows 98x	Windows ME	Windows NT	Windows 2000	
Customer Services		Cost per Subscriber					
Internet Access		Reference ISD Rate Table (subject to change)					
E-Mail POP Clients		Reference ISD Rate Table (subject to change)					

For ADOA Administrative Use Only

Request Received _____ Completed _____ Approved/Denies (Circle One)
Date Date